

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY 060 Schenectady Date of Visit: 7-26-22

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mike</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|---------------|-------|
| 1. <u>N.A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N.A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N.A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>CS# 1819 Fan Tble CONTROL BOARD @ Tble</u> |
| 2. <u>condenser UNIT with A DOWN 20A FUSE & BURNS</u> |
| 3. <u>@ some RESISTERS. SI PR RM</u> |
| <u>will quote A BOARD REPLACEMENT</u> |

Over and Above Repair Work – Order Number and Description of Work Completed

CSS#1819 CONTROL BOARD @ THE COMPUTER UNIT
WITH A BLOWN 20 AMP FUSE & BURNED RESISTORS. WILL
QUOTE A BOARD REPLACEMENT

STPR RM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dwyer Date: 7-26-22

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Chris Pothier AFOS Date: 7-26-22

Signed: [Signature]

E-Mail: _____

DATE _____